

APPLICATION FOR STATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE George W. Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A96000000797			
1. Name of Limited Partnership Clyde B. Morris Associates, Ltd.			
2. Mailing Address 1665 Palm Beach Lakes		3. Principal Office Address c/o 9816 So. Military Trail	
Suite, Apt. #, etc Suite 600		Suite, Apt. #, etc C-5	
City & State West Palm Beach, FL		City & State Boynton Beach, FL	
Zip 33401	Country USA	Zip 33436	Country USA
8a. Capital Contributions as Shown on Record \$30,000.00		FEES: <ol style="list-style-type: none"> 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. <p>Note: If the amount entered in 8a is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee</p>	
8b. Amount of Capital Contributions in FLORIDA to date \$30,000.00			
9. Name and Address of Current Registered Agent Richard G. Cherry Cherry & Spencer, P.A. 1665 Palm Beach Lakes Suite 600 West Palm Beach, FL 33401		10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) 333332945832--5 Suite, Apt. #, etc -07/30/99--01042--001 City ****798.75 FL ****798.75	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code
CBM Associates, Inc.		1665 Palm Beach Lakes Suite 600	West Palm Beach, FL 33401
			P96000036245
			<i>99</i>
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE		DATE	
<i>John J. Hoecker, V.P.</i>		<i>7/8/99</i>	
Typed or Printed Name of General Partner Signing Form _____			
John J. Hoecker, VP of CBM Associates, Inc., General Partner			

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